

MADISON COUNTY COMMISSION

APPLICATION FOR SPECIAL RATE FOR
GARBAGE COLLECTION

1. My name is: _____

2. My home address is: _____

3. My home telephone number is: _____

4. List all people who are 19 years old or older who stay
in the house (apartment, trailer, etc.) with you:

5. I apply for a special rate for garbage collection be-
cause (check one of the following):

☐ A. I am legally blind (see Code of Alabama,
5 1-1-3).

[You must submit a certificate of a duly
licensed ophthalmologist or optometrist.]

☐ B. I am retired due to permanent and total
disability.

You must submit one of the following:

(1) The written certification of such total
disability by two physicians licensed
to practice in Alabama.

(2) Evidence that you are drawing any
pension or annuity from the Armed
Services or a company or governmental
agency because you are permanently
and totally disabled.

(3) A certificate of disability issued by the State Commissioner of Revenue pursuant to the provisions of Code of Alabama, 940-g-19.

☐ C. I qualify to receive Food Stamps.

(You must submit a letter or other certification from the Alabama Department of Human Resources.)

☐ D. I am 65 years of age or older, and I had a net annual taxable income of \$7,500 or less as shown on my latest United States income tax return.

[You must submit proof of age and either a copy of your latest United States income tax return or an affidavit stating that you did not file an income tax return and that your net taxable income for the preceding taxable year was \$7,500 or less.]

6. I hereby swear (or affirm) that the information in this application and on any papers submitted with this application is true and correct. I understand that the Madison County Commission will use the information in this application and on any papers submitted with this application in determining if I am eligible to receive a special rate for garbage collection. I understand that if I make a false statement or submit false information in this application that I may be punished for perjury (see Code of Alabama, §13A-10-100 through §13A-10-109).

Date: _____

WITNESS: _____

Persons who checked box A (legally blind) B (permanent disability) or C (qualify for Food Stamp:) do not have to submit this form but one time. You will receive in the mail a renewal form each year. Persons who check box D (over 65, income of \$7,500 or less) must submit a new application each year.

STATE OF ALABAMA

MADISON COUNTY

AFFIDAVIT

As part of my application to the Madison County Commission to receive a special rate for garbage collection I hereby swear that I did not file a United States income tax return for the year _____. I further swear that my net taxable income for the year _____ was \$7,500 or less.

Date: _____

WITNESS:

JDB2.044

MAIL TO:

Howard Baites
County Administrator
100 N. Side Square
Courthouse
Huntsville, AL 35804-4820